

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 5 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20648

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis(No. 3433 Montana)

791

1003

File No.....

Registered No.....

4813

St. Ward)

2. FULL NAME Anna Schepp(a) Residence, No. 3433 Montana St.St. 15 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 74 yrs.

mos.

ds.

How long in U. S. of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Walter Schepp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 23 1861</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>9</u>
	DAYS <u>8</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year).....	
	11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>St. Louis Missouri</u>	
FATHER	13. NAME <u>Jacob Bollier</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hesse Loraine</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Horr</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS)	<u>Walter Schepp 3433 Montana</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Old St. Marcus Cem</u> DATE <u>May 4 1936</u>		
19. UNDERTAKER (ADDRESS)	<u>A. W. McLaughlin 2301 Lafayette Ave</u>	
20. F	<u>MAY - 2 1936</u>	

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1936

22. I HEREBY CERTIFY, That I attended deceased from

4/17 1936 to 5/1 - 36, 1936I last saw her alive on 5/1 1936. Death is saidto have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 4/17/36

Other contributory causes of importance:

Arteriosclerosis of the heart 4/30/36

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) J. W. L. Brennan, M. D.(Address) 3601 Gravois

